

## MILPERSMAN 1770-250

### Navy Dependents: Casualty Reporting and the Submission of Claims for Family Servicemembers' Group Life Insurance (FSGLI)

<b>Responsible Office</b>	OPNAV (N135C)	Phone:	DSN	882-2501
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<b>References</b>	(a) PL 107-14, Veterans Survivor Benefits Improvements Act of 2001; June 2001
	(b) 38 CFR 9.1 - Definitions

1. **Purpose.** This article provides procedures for reporting the death of a Sailor's dependent and guidance for the submission of a claim when a dependent is covered by Family Servicemembers' Group Life Insurance (FSGLI) (also see MILPERSMAN 1741-030).

2. **Reporting Requirements.** A Personnel Casualty Report (PCR) must be submitted as soon as possible once the command is notified of a dependent death. **Note:** It is not required to report the injury or illness of a Navy dependent. The commanding officer is responsible for submitting the PCR.

a. Submit the PCR via e-mail to [MILL\\_NavyCasualty@navy.mil](mailto:MILL_NavyCasualty@navy.mil). **Note:** Use an underscore between "MILL" and "NavyCasualty" in the e-mail address. This mailbox will automatically distribute the PCR to the offices involved in the casualty process. Be sure to include your chain of command as an addressee on the e-mail.

b. If e-mail capability does not exist, the PCR may be submitted via facsimile (FAX) to N135C at 1-901-874-6654.

c. If neither e-mail nor FAX capability exists, the PCR may be submitted by immediate precedence message to:

TO: COMNAVPERSCOM MILLINGTON TN//PERS-621//  
Info Addee: Command sending message

3. **Initial Reporting of Dependent Deaths.** The PCR should contain the following information:

a. Subject Line: The subject line should contain the Sailor's rank, name, service affiliation (USN or USNR), last 4 of the social security number (SSN), and officer designator (if applicable). Example:

SUBJ: REPORT OF DEPENDENT DEATH ICO ATC (AW/SW) JOHN A. SEA,  
USNR, XXX-XX-1234

b. Data Blocks:

(1) ALPHA: Dependent's name, last 4 of SSN (XXX-XX-234), relationship to Sailor, and date of birth.

(2) BRAVO: Command Point of Contact (POC): Rank, Name, Phone, FAX, and e-mail address.

(3) CHARLIE: Specify "Dependent Death".

(4) DELTA: Date (Local time of casualty incident), place, circumstances of incident, and cause of death.

(5) ECHO: Location of Remains (i.e. Funeral Home's name, address and phone number). If unknown, state "unknown".

(6) FOXTROT: Specify if the deceased dependent was insured under the FSGLI program. If the deceased dependent was a spouse, specify the amount of Servicemembers' Group Life Insurance (SGLI) coverage the Sailor maintained. If unknown, state "unknown".

(7) GOLF: Date/time Sailor was notified of dependent's death.

(8) HOTEL: Any remarks required, or desired, by command.

4. **Sample PCR Format**

FM: USS RONALD REAGAN (CVN-76)

SUBJ: REPORT OF DEPENDENT DEATH ICO ATC (AW/SW) JOHN A. SEA, USNR, XXX-XX-1234

ALPHA: DEPENDENT INFO: JOHN A. SEA, Jr., XXX-XX-4567, SON, 15 JAN 1993

BRAVO: POC: AVCM CHARLES SHIP/901-555-5555/DSN-882/FAX: 901-555-1234/CHARLES.SHIP@NAVY.MIL

CHARLIE: DEPENDENT DEATH

DELTA: 27 MAR 2010. PLACE OF DEATH: 348 CHAMP COVE, SOMEPLACE, CA 39124. CIRCUMSTANCE: AT APPROX 0350, 27 MAR 2010, DEPENDENT DIED FROM LONG TERM ILLNESS.

ECHO: GRAINGER FUNERAL HOME, 67980 SUMMER DR, SOMEPLACE, CA, 09883, 619-876-3746

FOXTROT: DEPENDENT IS INSURED UNDER FSGLI

GOLF: ATC (AW/SW) SEA WAS NOTIFIED OF SON'S DEATH AT 0900, 27 MAR 2010.

HOTEL: ATC (AW/SW) SEA IS CURRENTLY UNDERWAY WITH USS RONALD REAGAN. SAILOR WILL RETURN TO HOMEPORT 28 MAR 2010.

## 5. Required Documentation

a. [Form SGLV-8283A](#), *Claim for Family Coverage Death Benefits*. Form must be completed and signed by the Sailor.

b. Copy of Sailor's latest NAVPERS 1070-602 Record of Emergency Data, showing dependency.

**Note:** In the case of infant death where the child is less than 120 days old, an official State-issued birth certificate is required.

c. **Death Certificate:** Final death certificate specifying cause of death.

(1) **Beneficiary Involvement:** Prior to certification of insurance claims, beneficiary involvement in the death of the

dependent must be ruled out. If a final death certificate is unduly delayed, the command POC should contact Office of the Chief of Naval Operations (OPNAV), Navy Casualty Assistance (N135C) to pursue other means by which to rule out beneficiary involvement.

(2) **Stillborn Deaths:** FSGLI provides coverage in the event of the stillborn death of dependent children. Per reference (b), a member's stillborn child is defined as a member's natural child whose death occurs before expulsion, extraction, or delivery, and:

(a) Whose Fetal weight is 350 grams or more; or

(b) If fetal weigh is unknown, whose duration in utero was 20 or more completed weeks in gestation.

**Note:** Fetus or child extraction for purposes of an abortion is excluded.

d. **Spouse Deaths:** The Sailor's Leave and Earnings Statement for the month in which the dependent's death occurred, will be required to show proof of premium payments.

e. **Dependent Children 18 Years of Age or Older:** As applicable, provide evidence to substantiate the following:

(1) **Disabled Child:** Prior to child attaining the age of 18, he/she was declared permanently incapable of self-support.

(2) **Student:** Child was 22 or below and actively pursuing a course of instruction at an approved educational institution. Acceptable evidence includes a death certificate listing "student" in the occupation block or a letter from the educational institution, on their letterhead, showing that the child was enrolled.

6. **Claim Processing.** Upon receipt of all applicable items, OPNAV (N135C) will certify, validate, and forward the required documentation to the office of SGLI for final determination of eligibility and payment. Send all applicable items listed in paragraph 5 of this MILPERSMAN article to OPNAV (N135C) via:

a. Email: [MILL\\_FSGLI@NAVY.MIL](mailto:MILL_FSGLI@NAVY.MIL) (MILL underscore FSGLI at NAVY.MIL); or

b. FAX: Navy Casualty Assistance Division, attention FSGLI claims examiner, at COMM (901) 874-2265, or DSN 882-2265.

**7. Dependent Child Death in the Case of Dual Military Parents/Stepparents.** Per reference (a), coverage is available only to one member. Payments under this paragraph are determined on a case-by-case basis. Sailors are encouraged to contact OPNAV (N135C) for additional guidance about claim submission.

8. For additional information, please see the Veterans Administration [FSGLI Procedural Guide](#) and or OPNAV (N135C) website at <http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/FSGLI/>.